

CAN Community Council Meeting Minutes

Monday, October 18, 2021

Zoom Video Conference

Present: Kelly Crook, Lisa Boyd, Laura Goettche, Anaami Pandit-Haji, Nancy Gilliam, Nora Comstock, Hunter Ellinger, Donovan DePreist, James May, Patricia Longoria Comacho, Caroline Reynolds, Blanca Alvarado

Staff Present: Jelina Tunstill, Carlos Soto, Raul Alvarez, Melinda Barsales

Guests: Ara Merjanian, Cory Morris, Lydia Galvan, Vicky Coffee, Suchitra Gururaj, Vikas David

Call to Order and Announcements	Nancy called the meeting to order at 6:04 pm. A quorum was present.
Approval of September 20, 2021, Minutes	The September 20, 2021, minutes were unanimously approved as presented on a motion by Nora and a second by Hunter.
CAN Community Council Chair's Report	<p>Summary: Nancy stated that at the board meetings they have discussed the Regional Summit. The Regional Summit is coming up in November in Pflugerville. They have also discussed the CAN retreat/ planning for next year. Nancy announced that we are approaching the end of the year and looking for new members wanting to join the Community Council.</p> <p>Nora nominated Lydia Galvan to be a new member of the Community Council with a second by Kelly. She was unanimously accepted as a new member.</p>
Executive Director's Report	<p>Summary: Raul stated that we have our Regional Summit coming up November 5th from 9 am – 1:30 pm. and we are in the middle of planning and outreach for that event. We currently have 70 registrants, and we want to reach about 120. The theme for the summit is expanding opportunity regionally. This year's summit will take place in Pflugerville discussing an equitable economic recovery after the pandemic. The speakers include Steven Pedigo, Workforce Solutions Capital Area and Rural Capital Area, and a panel on public private partnerships. We have follow-up forums planned to explore other areas that need attention to ensure an equitable economic recovery including women in the workforce, communities of color in the workforce, and family friendly workplaces. The CAN Annual Retreat will be November 12th from 1-3 pm. The Community Council is invited and is a good</p>

	<p>opportunity to develop the CAN workplan for the next year. Last, he stated that we are completing the Language Access Community Engagement Modules that are meant to help people navigate the social service safety net. The content is finished, and we are trying to get them translated.</p>
<p>Workgroup Updates</p>	<p>Food Insecurity Workgroup Summary: Hunter stated that they had a meeting this past Sunday. They are putting the pieces together and will have a draft report together soon.</p> <p>Mental Health Media Campaign Update: Nora gave a brief update on the progress of the mental health media campaign proposal. She stated she is still looking for funding sources and a focus would be language access and reducing the stigma around mental health.</p>
<p>Access to Mental Health Panel Presentation and Discussion</p>	<p>Summary: Anaami introduced each of the panelists and moderated the panel discussion.</p> <p>The first question she asked was “What are the challenges/unmet needs in mental health care and the barriers which you see in your respective fields?”</p> <p>Cory Morris, Dell Medical School: Cory stated she works with people ages 12-30. There is a service cliff in-between children and adult services. There isn’t really a place for emerging adults. Another gap is equitable outcomes in public and private mental health spaces. Not only is this a time where service gaps happen but its also the age range for the onset of mental health diagnosis. Another gap is psychiatric supports in the workforce.</p> <p>Vicky Coffee, Hogg Foundation: Vicky stated one of the biggest challenges that Hogg is focusing on is the illness mindset of the health system. The challenge is getting our traditional systems to think and operate with a wellness, prevention, and recovery mindset. Another gap is finding the availability of culturally/ linguistically relevant and appropriate services. Access to services is also a challenge because of the growth and gentrification of the city. One of the “golden nuggets” from COVID is the growth of teletherapy because it addresses some of the access needs.</p> <p>Vikas David, CEO of Mentegram: Vikas stated that Melbourne, Australia sees some of the same issues that America sees. He stated he would focus on digital services in his responses. He stated its hard-to-find clinicians that want to implement digital tools. He stated clinicians feel threatened when digital tools are</p>

suggested for fear that it may not be evidenced based and may take their job. Messaging to clinicians is very important. Patients/clients are more receptive to digital tools than clinicians from his experience. The challenge is implementing change in an organization.

The next question was “What are some examples of innovations/opportunities deployed or could be deployed to provide better mental health care?”

Cory: Telehealth is a critical innovation especially in Texas. The response to SB11 with respect to Texas Child Health Access through Telemedicine (TCHAT) and the Child Psychiatry Access Network (CPAN) efforts are important to the state. The ability to think through linkage of telemedicine in schools ensures the gap in community connection is addressed. Peer support is critical to recovery. A perspective shift is critical in innovation and that is thinking through mental health in a participatory process and allowing youth and community into decision making and messaging.

Vicky: Start with the strengths in the community. Mental health is included in all the elements of the CAN Dashboard. The Community Council needs to narrow your scope and prioritize what’s most important. Asking “who is missing? And why are they missing?” Create shared leadership and decision making. Another piece is sharing the reports to communities and being partners in the work. Utilizing social media, finding creative ways to educate people about mental health and wellness.

Vikas: Vikas stated that he worked with a school that started the day with 15 minutes of meditation. That school did a study and realized that their schools’ outcomes and concentration increased just due to the 15-minute morning meditation. Working with mental health clients requires a multi-faceted approach. The idea is not to get expensive clinicians for every issue but to utilize self-sufficiency tasks, peer support with follow-up, etc. He stated that countries tend to throw a lot of money at the problem or creating an app for a solution. He stated there are a lot of solutions that aren’t being used properly.

The last question was “What are some financial and other solutions to help fund mental health care for individuals and systems (non-profits, schools etc.)?”

Cory: If you can have everyone at the table and then go beyond the table to find resources. There is SAMHSA funding. Austin was the first city in Texas to adopt a system of care. There is blended funding that comes with the system of care process. They bring stakeholders together, identify gaps, and create partnerships to help fund the work.

Vicky: Anything that decreases duplication of services. Some examples of funding streams are Community Block Grants or school funds. If we can remember not to silo those funding streams and bring those funds together. Looking at funders, like Hogg, or other foundations. Foundations are beginning to look more at collaborative efforts.

Vikas: Funding and support varies on the market. Using the development of “Headspace” as an example, he stated that they first analyzed the need and then combined it with diagnosis, medications, and drug and alcohol issues. They send the data to the government and received funding. Clinicians typically won’t invest unless there is a financial benefit for the clinician. The concept of value/ return of investment-based health care is important.

Q&A: Are there any peer support models that you are aware of?

Via Hope is a program that Vicky is aware of. Specifically for youth she would suggest reaching out to Camelia Richardson to see how they rolled out training for youth to provide peer support in Harrison County. Vikas added that he is a fan of the Friendship Bench. Cory stated she would second Vicky’s suggestions and added that there is no such thing as too much peer support.

How does the integration of behavioral health into primary care impact access to mental health services?

Vikas stated that Headspace is a classic example of this. Headspace was formed as primary health clinics. There was bright colors and youth geared activities incorporated in the design. The right type of design and questions led to youth being more open to discuss mental health. Cory added that integration of physical and mental health services should be the norm. Vicky added that people are going to talk to the pastor or family and then they will talk to their primary care provider, so the more integrated services are the easier it is for people to access mental health care. Vikas added that we shouldn’t discount Google. People’s first instinct is to check Google to see if what they are experiencing is normal.

	<p>The challenge is becoming a brand or organization that people trust.</p> <p>Regarding clinician reticence of utilization of tele-med/psych, what strategies have been used to overcome that barrier? Vikas stated that COVID encouraged people to move on to telemedicine. Something dramatic must happen to get people out of their comfort zones.</p> <p>How do we address the need for more certified counselors; besides the strategies we have addressed already? Vikas stated that the issue boils down to scalability. Even in normal circumstances there is a long waiting list to see people and get resources. Triaging and scalability is crucial. Making sure people are seen at the right time and getting people the tools to get started on the journey while they are waiting to see a clinician. Vicky added a way to get additional support is working with different faith communities to do education and stigma reduction. Mental Health First Aid, QPR, and other trainings help people identify mental issues early and how to help in those situations. Cory added that trauma informed communities and mental health advocates are a good resource as well.</p>
Adjournment	Nancy adjourned the meeting 8:02 pm.